No more vital arm of the profession can be developed than the small hospital, serving the small town and rural communities. Here lies the panacea for many of our medical ills. Here lies the strongest possible means of raising the average of medical practice both within and without the hospital. None but qualified physicians should be allowed to practice in any hospital. By furnishing a social and professional center, central laboratory and library, and a congenial spot for society meetings, the small hospital in town or country can help immeasurably in drawing the profession together, in improving the weak points of each, and can be so developed that any physician not affiliating with it will thereby be stigmatized in the eyes of the community. At such a small hospital can be centered certain facilities for giving medical care to the poor and to those unable to pay regular rates. This can be done economically for the doctor, to the advantage of the hospital and, moreover, affords a valid and compelling reason for asking the public to help carry the overhead burden of the hospital as a civic institution. The physician should not be required by custom or right to carry the entire burden of supplying the non-paying public with medical attention. Society owes it to them and should help the physician in discharging this social duty.

Finally, there must be inculcated in all of us a conviction that it is not necessary or desirable that we should agree in harmony, peace and unity on all points. Divergence of ideas and methods is the life of science, and more especially of our science. Let us remember, however, that on a few essentials we are actually all in unanimous agreement. Let us stick to those essentials in our program, and allow the fullest liberty in all the non-essentials. In the conduct of county and state societies, agree in harmony on the few basic principles, and then practice individuality in all else. Thus will we succeed in building the medical profession into the position of public trust and efficiency, which is necessary if we are to render good public service. Be a soldier. The society is democratic. Select your leaders with care. Then follow them. If you cannot follow them, get new ones. But be agreed on the few vital points, and the rest will take care of themselves.

ARTIFICIAL IMMUNITY IN DIPHTHERIA

The Schick test for natural immunity in diphtheria should precede the employment of any artificial immunizing process. This test is clinically accurate, of easy application, and only when positive, should be followed by active immunization. In the presence of clinical diphtheria, immunization in contacts who are proved by the Schick test to be susceptible, should consist of the injection of antitoxin alone. This gives immediate passive immunity and protects for a few weeks, seldom, if ever, exceeding four weeks. Therefore, at the end of four weeks or more after the administration of antitoxin for immunizing purposes, toxin-antitoxin mixture should be given, in order to secure active and rather permanent immunity. The toxin-antitoxin mixture is given in three doses at intervals of a week. After the second dose, a Schick test shows whether the third dose is necessary, in some 70 per cent of cases immunity being secured by two inoculations only. This procedure is the recommendation of the New York City Department of Health.

THE GROWING RECOGNITION OF ANESTHESIA

A notable fact in medical progress, during the past few years, has been the increased interest manifested in anesthesia. To the various societies devoted exclusively to this subject, namely, the American Association of Anesthetists, the Interstate, and the numerous state societies—among which are two in California—have recently been added the Canadian Association of Anesthetists and the National Anesthesia Research Society. The latter is being financed by some of the forward looking manufacturers of anesthetics and apparatus, and it is hoped that eventually a foundation may result. The American Year Book of Anesthesia and Analgesia, volume two, just published, having been delayed by the war, is a valuable addition to the literature of anesthesia. Of special interest are the chapters on the pharmacophysio-pathology of general anesthetics and anesthesia in war surgery.

The following resolution authorized by Dr. Hubert Work, president of the American Medical Association, and Dr. Alexander Craig, secretary of the same, is receiving the signatures of a large number of the Fellows of the American Medical Association:

"Whereas the safety of patients, the advancement of surgery and the demands of hospital service require the rapid extension of the specialty of anesthesia,

Therefore, we, the undersigned Fellows of the American Medical Association hereby petition the House of Delegates and the Council on Scientific Assembly to establish a Section on Anesthesia during the Boston meeting, June, 1921."

The American Journal of Surgery is the official organ of the A. A. A., and devotes a quarterly supplement to current literature on this subject.

Among the constructive measures presented to the present California Legislature, the League for the Conservation of Public Health, through its committee on Medical Education, has recommended in an amendment to the Medical Practice Act, the addition of a prescribed number of hours for the study of anesthesia as one of the minimum requirements for physicians' and surgeons' certificates.

These various facts show the trend of development in one of the branches of medicine which must keep pace with the increasing precision of detail in surgical procedure.